Shawnigan Lake Adventure

presented by Peninsula Co-op

Pledge Form

hosted by

Caring for Caregivers – Nourishing Strengths and Opening Hearts

Cowichan Family Caregivers Support Society

PARTICIPANT NAME _____ **I AM PARTICIPATING IN HONOUR OF** _____

Thank you for your generosity! TAX RECEIPTS wil be issued for pledges of $15 or more, provided contact information is both legible and complete.

NAME (please print clearly)	MAILING ADDRESS	TOWN/CITY	PROV	POSTAL CODE	PHONE	PLEDGE $	PAID

Please fill in this form and return it together with your PLEDGE MONEY to the Registration Table at the Adventure.

All funds raised support caregiving families in our communities.

We sincerely thank you for your participation! See you again next year!

Phone 250-597-0886

www.ShawniganLakeAdventure.com

TOTAL PLEDGES $